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ERPINGHAM RURAL DISTRICT COUNCIL

REPORT

OF

THE MEDICAL OFFICER OF HEALTH

FOR THE

YEAR ENDED 31ST DECEMBER, 1955.



ERPINGHAM RURAL DISTRICT COUNCIL

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR ENDED 31ST DECEMER. 1955.

To the Chairman and Members of the Erpingham Rural District Council,

I have the honour to submit to you the Annual Report of the Medical Officer of Health for the year ended 31st December, 1955.

The estimated population has decreased during the year from 19,630 to 19,620.

The corrected Birth Rate of 14.9 per 1,000 of the estimated resident population is above that for England and Wales (15.0) and the corrected Death Rate of 11.7 is the same as that for England and Wales (11.7).

Among infectious diseases it was a major year for Measles, 184 cases having been notified. Dysentery (Sonne type) was again in evidence, 2 cases being reported; no person was severely ill.

The number of cases on the Tuberculosis Register showed little change. Six new cases were notified during the year, five being pulmonary and one non-pulmonary.

Piped water supplies remain a most desirable item for the greater part of the area, as also does a sewerage system. Some progress has, however, been made during the year.

Geographical features.

The Erpingham Rural District lies in North Norfolk, being bounded on the north by the sea and on the east, south and west by the Smallburgh, St. Faith's Aylsham and Walsingham Rural Districts respectively.

The coast line of some twenty miles extends from Mundesley in the east to Cley on the west. As far as Weybourne it consists of sandy cliffs and beyond it of marshland protected by shingle beaches.

Inland the country is for the most part open with much variety of heath, woodland and land under cultivation and few natural barriers. The climate is bracing and the rainfall low.

General Statistics.

Area in acres 71,099.
Population (Registrar-General's estimate) 19,620.
Number of inhabitated houses 6,266.
Rateable Value £84,961.
Sum represented by a Penny Rate£349.

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Vital Statistics.

BIRTHS.

Live Births. Legitimate 250
Illegitimate 8

Total - 258

The Birth Rate is 13.1 per 1,000 of the estimated population; 3% of the births were illegitimate.

Still Births. Legitimate 7
Illegitimate 1

Total - 8

The Still Birth Rate is 0.41 per 1,000 of the estimated population, or 3% of all births.

DEATHS.

The causes of Death were as follows: -

Tuberculosis of respiratory system 3
Other tuberculosis 1
Syphilitic disease
Diphtheria
Whooping Cough
Meningococcal Infections
Acute Poliomyelitis
Measles
Other infective and parasitic diseases
Cancer of stomach 5
" lung and bronchial passages
in breast 3
uterus
Other malignant and lymphatic growths 19
Leukacmia and aleukacmia
Diabetes
Vascular lesions of the nervous system36
Coronary disease and angina
Hypertension with heart disease
Other heart disease
Other circulatory disease
Influenza
Preumonia 5
Bronchitis
Other disease of the respiratory system Ulcer of stomach and duodenum 3
Gastritis, enteritis and diarrhoea 1 Nephritis and nephrosis 4
Hyperplasia of prostrate
Pregnancy, childbirth and abortion
Congenital malformations
Other diseases and ill defined diseases21
Motor vehicle accidents
Suicide
Homicide and operations of war
All other accidents

271

The Death Rate is 13.8 per 1,000 of the estimated population.

The main categories of the causes of death, expressed as percentages of the total deaths, read as follows, the Norfolk County figures being in brackets: -

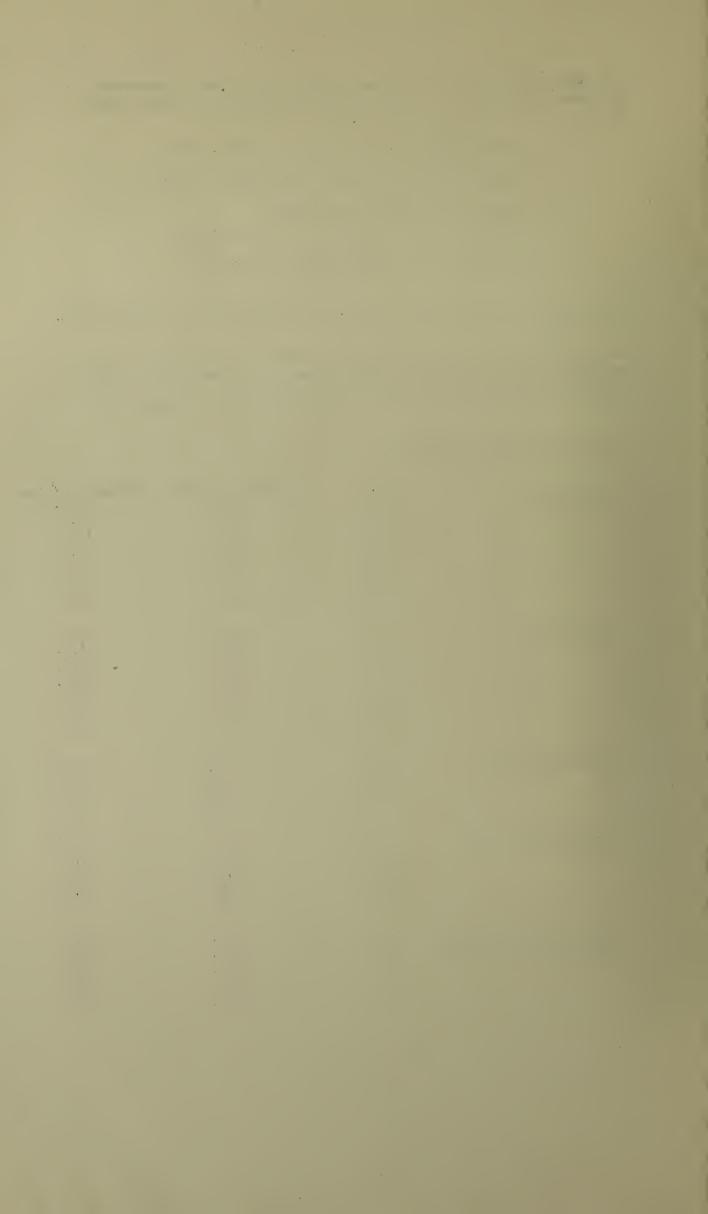
Heart disease 49.8.	(34)
Cancer 10.0.	(16)
Vascular lesions of the nervous system 13.3.	(13)
Diseases of the respiratory system / /.	(8)

No case was reported of a maternal death occurring in association with childbirth.

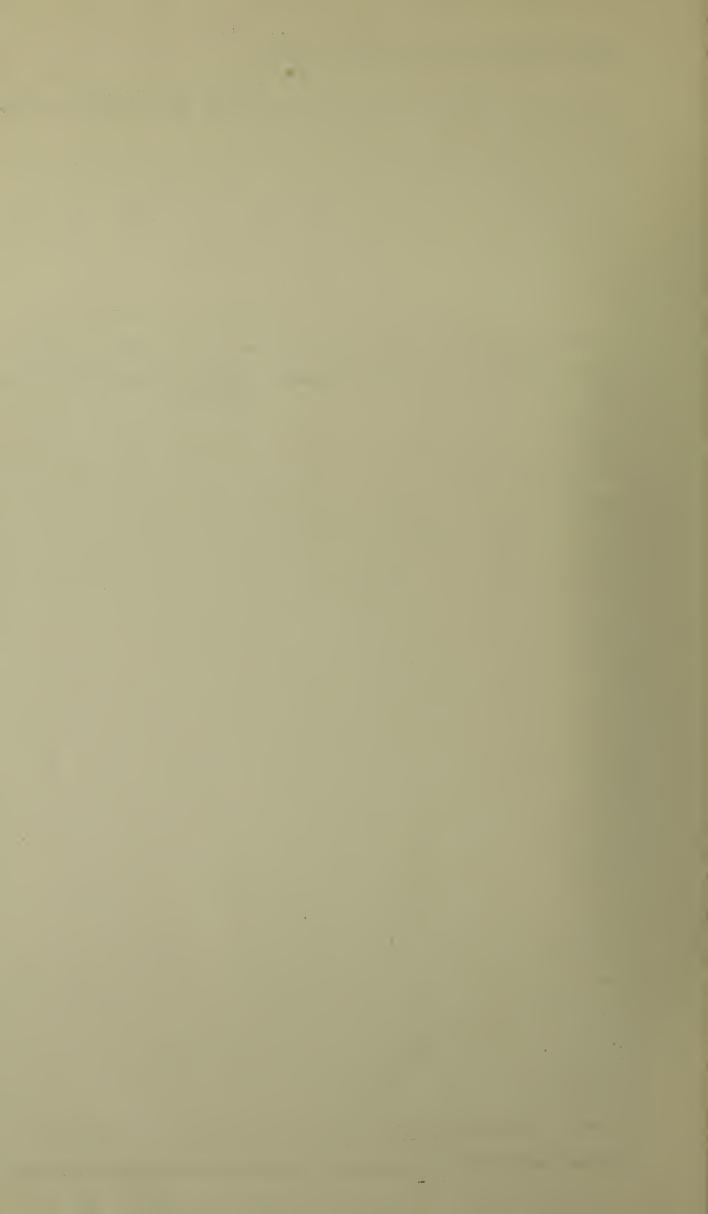
In children under one year of age two deaths were reported of which both occurred in the first month of life. This gives a death rate of 7.2 per 1,000 related live births (England and Wales 24.9) in the first year of life and a percentage of 100% of neonatal deaths in the first month of life.

COMPARISON OF VITAL STATISTICS.

Birth Rate.	Year. 1955 1954 1953 1952 1951 1950 1949	Erpingham R.D.C. 13.1. 14.1. 14.1. 13.7. 12.0. 13.9. 16.1.	England & Wales. 15.0. 15.2. 15.5. 15.3. 15.5. 15.8. 16.7.
<u>Death Rate.</u>	1955 1954 1953 1952 1951 1950 1949	13.8. 14.0. 13.5. 12.0. 12.2. 11.6. 13.5.	11.7. 11.3. 11.4. 11.3. 12.5. 11.1.
Still Birth Rate.	1955 1954 1953 1952	0.41. 0. 25 . 0.72. 0.31.	0.23. 0.24. 0.35. 0.35
Maternal Mortality.	1955 1954 1953 1952 1951	0.0. 0.0. 0.0. 0.0. 4.3.	0.64. 0.69 0.76 0.72. 0.79.
Death Rate of Infants under one year of age.	1955 1954 1953 1952 1951	7.2. 25.4. 11.3. 30.3. 31.5.	24.9. 25.5. 26.8. 27.6. 29.6.



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Disease.	aces and a	Un	der 1.	1 - /	2,	3 -	4.	5	- 9.	10 -1	4.	5 - 2	4.	25.	Total
Food Poisor	ing.		25/8	da		123				==	***************************************			ma#	128
Scarlet Fev				1		3			3	-		c			7
Mhooping Co	ugh.		1	4		7			4	6333		-		-	16
Poliomyelit												0			
(paralyti	LC).		1	22		- 37		7	2	37		2		1	3.
Measles. Tuberculosi			Т	22		21		1.	<i>)</i>	31		13 2		1 4	184
Dysentery.	LD.		2000	decing		= = = = = = = = = = = = = = = = = = = =			2	 		<i>←</i>		4	2
Puerperal											•				
Pyrexia	ì.		(CSA	_		_		,	-	6149		2			2
Infective											ì				
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Aldborough.				٦											
Antingham. Aylmerton.				1 8					:						
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Beckham E.	:		•												
11 W.			;												
B.Regis.	:			7											
Bodham.	:	*******	:	4 3							1	-			
Cley. Colby.				3								1			
Corpusty.	:	1		2											1
Edgefield.	:			$\tilde{7}$											1
Erpingham.	-														
Felbrigg.	Ī			1											
Gimingham.															•
Gresham.	ŧ			2							1				
Hanworth. Hempstead.			;	3 2											
Holt.				62					-						
Ingworth.									***************************************						
Itteringham.		******													
Kelling.				7		1									
L'sott.				6					1						
L.Barningham Metton.	F.			2					1						
Mundesley.	2			2 3 2											7
Northrepps.														1	
Overstrand.				1											1
Plumstead.			7	-											
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Salthouse.				8										2	
Saxthorpe.				1											
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Trimingham.			1										******		5
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The year was a major year for Measles, 184 cases being reported.

as regards Whooping Cough the total is somewhat below the average for the County.

Scarlet Fever was also below the average, seven cases being reported.

3 cases of Poliomyelitis were reported.

No cases of Infective Jaundice were reported.

Some cases of Dysentery (Sonne type) were reported; whilst this condition is less severe, and indeed less important, than the commoner gastro-enteritis, it is caused by an easily identifiable germ and may preduce symptons that cause alarm for a short period. More will undoubtedly be heard of it in ensuing years as it appears to have become endemic in parts of Norfolk. Scrupulous attention to personal hygiene, particularly when food may be handled, is the only means of prevention; it is essential that this should be maintained at all times and not merely when the disease is known to be prevalent, since it is a common experience to receive no warning until the enemy is within the gates when it is apt to exploit its nuisance value to the full and to defeat attempts to contain it by the insidious nature of its invasion.

Tuberculosis. Six new cases were notified during the year, five being pulmonary and one non-pulmonary. The case rates corresponding to these figures are 0.25 pulmonary and 0.06 non-pulmonary per 1,000 of the population respectively. (The County rate was 0.41 pulmonary and 0.095 non-pulmonary.) There were in addition eight inward transfers.

Three deaths occurred during the year from pulmonary tuberculosis and one from non-pulmonary tuberculosis, giving a death rate of 0.015 and 0.06 respectively compared with a County rate of 0.06 and 0.021.

The number of cases on the register at December 31st, 1955 was as follows:-

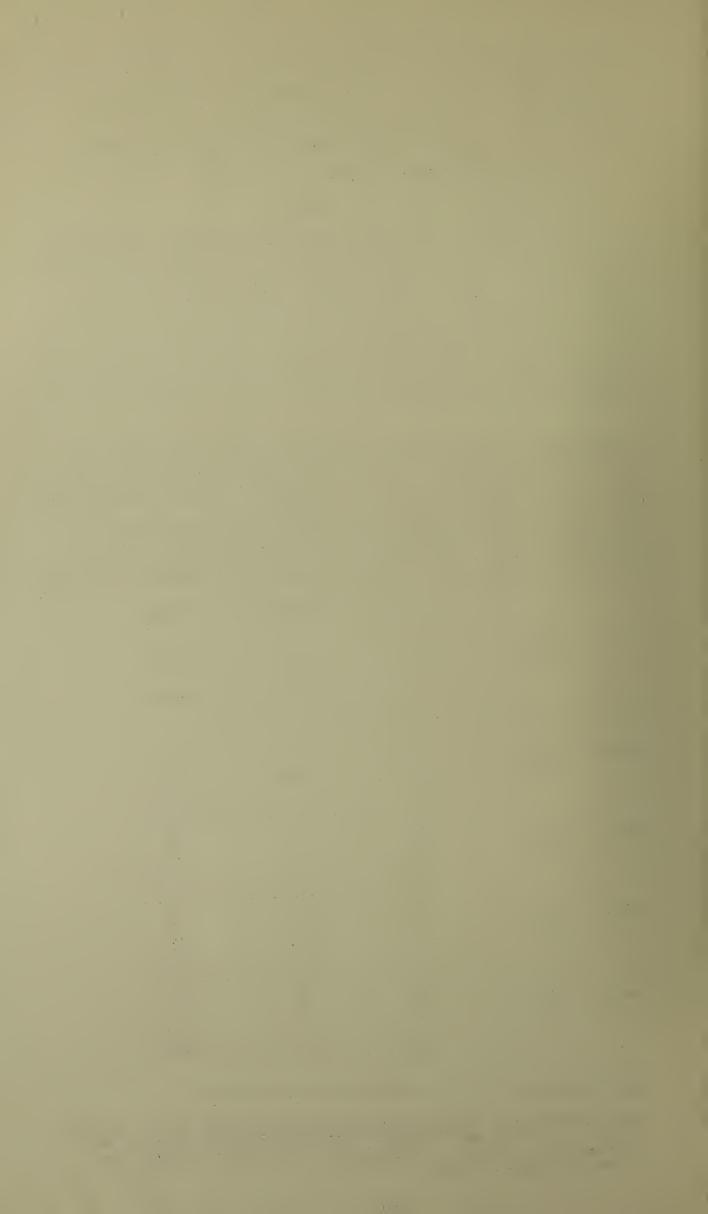
	Pulmonary.	Non-Pulmonary.	Total.
Male Female	49 carrer can del protect reasonage	Scanner and Conferences	58 56
	93 60/4/2010/2010/2010/2010/2010/2010/2010/2	21	114

The figures for the previous years were: -

1954.	Male Female	49	7 13	56 54
		90	20	110
1953.	Male Female	46 35	8 13	54 48
		81	21	102
1952.	Male Female	1,14	7	51 45
		ACTUAL TO A STATE OF THE PARTY	18	96
1951.	Male Female	4.9 40	10 13	59 53
		89	23.	112

Food Poisoning. No case was confirmed during the year.

Food and Drugs Act, Milk and Dairies Regulations, 1949. In two instances it was necessary to serve notices on the owners of cows following the discovery of the organism of tuberculosis in the milk. No human case followed in either instance.



National Assistance Act, 1948. Section 47. s usual a considerable number of cases were brought to my notice of sick and elderly persons requiring more care and attention than could be provided for them at home. It has rearrly been necessary to make use of this Act and Section which empowers this Council to authorise compulsory removal to hospital and it has usually been possible, acting in conjunction with the County Council Welfare Officer, to avoid legal proceedings. The time and labour expended in this connection appears to be well worth while.

Anthrax. The occurrence of anthrax in animals in the district is reported to the Medical Officer of Health. No cases were confirmed during 1955.

<u>Vaccinations</u>. The following vaccinations were carried out in Area No.2. during 1955:-

Age at 31/12/55;	Under 1	1	2	3	4	5 = 14.	15 & over.	Total
Primary Vaccinations	130	74	1	3	3	7	18	236
Re-vaccinations			1	2	3	10	70	86

Immunisations against Diphtheria. The following are the records of persons immunised against diphtheria in rea No.2. during 1955:

Age at 31/12/55.	No. of childred during year en	en immunised nded 31/12/55. Booster.	received co	of children who have ourse of immunisation e up to 31/12/55. Booster.
Under 1. 1 year. 2 years. 3 " 4 " 5 " 6 " 7 " 8 " 10 " 11 " 12 " 13 " 14 "	7 1.83 40 3 4 6 15 14 8 3 4 2	1 24 13 8 9 1 2 1	7 206 320 318 237 240 325 305 372 282 210 173 131 153 114	1 38 130 168 283 272 219 244 237 250 191
Total under 15 years	290	60	3 , 393	2 , 035

PUBLIC HEALTH OFFICERS TO THE LOCAL AUTHORITY.

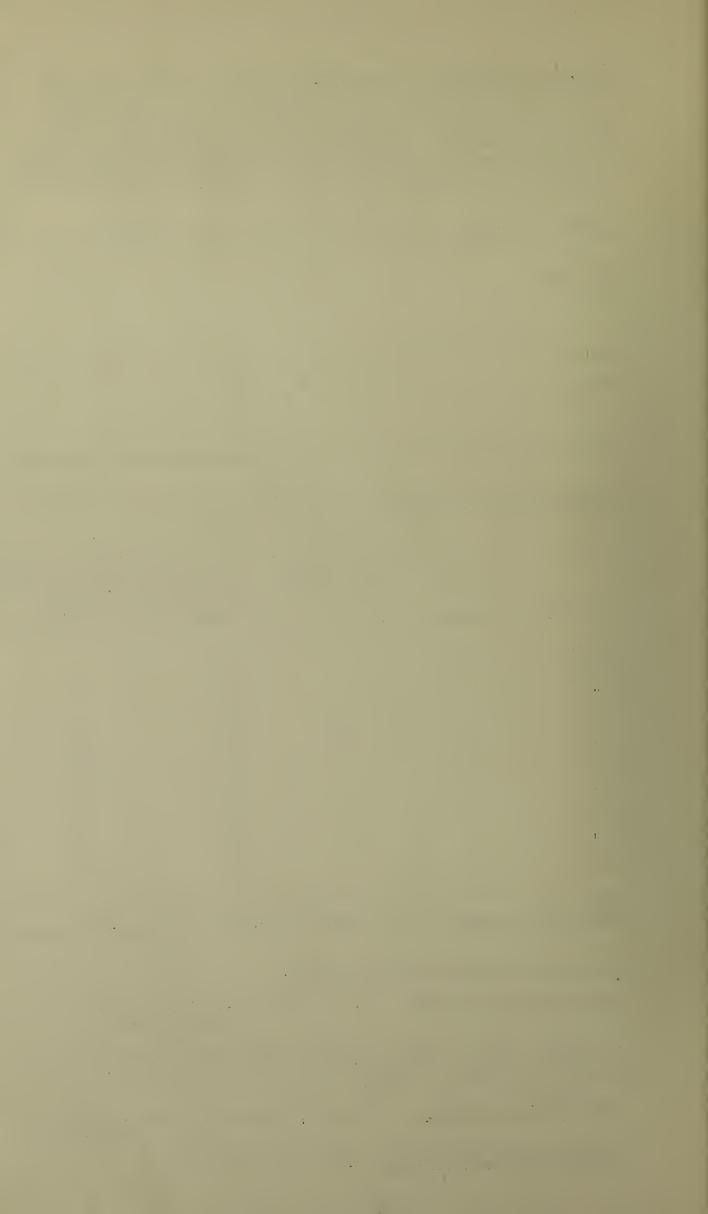
Medical Officer of Health.

J.H.F. Norbury, M.B., B.S., M.R.C.S.,
L.R.C.P., D.P.H..

The post of Medical Officer of Health is combined with that for Gromer and Sheringham and with the post of Assistant County Medical Officer for Area No.2. of the County of Norfolk.

Chief Sanitary Inspector. G.L. Evatt, M.Inst.H.E., F.F.A.S., M.S.I.A.,

Additional Sanitary Inspector. W.J.S. Pratt, C.S.I.B..



GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

As a result of the National Health Service Act which came into operation in 1948, Health Services are provided almost entirely by official bodies. There is a limited amount of private practice.

The official bodies are four in number:

- (1) The Norfolk Executive Council. This provides the General Practitioner, Dental, Pharmaceutical and Ophthalmic services.
- (2) The Regional Hospital Board. The country as a whole has been divided into regions and the regions into areas for administrative purposes. The Erpingham Rural District lies in the East Anglian region and the Cromer area. Cromer & District Hospital is the General Hospital for the area and provides specialist outpatient clinics for patients from anywhere within the area.

The sanatoria at Kelling, near Holt, are also administered by the Regional Hospital Board, as are the Fletcher Convalescent Home at Cromer and the Longacre Maternity Home at West Runton.

at present infectious diseases are treated at East Dereham Isolation and at Norwich Isolation Hospitals.

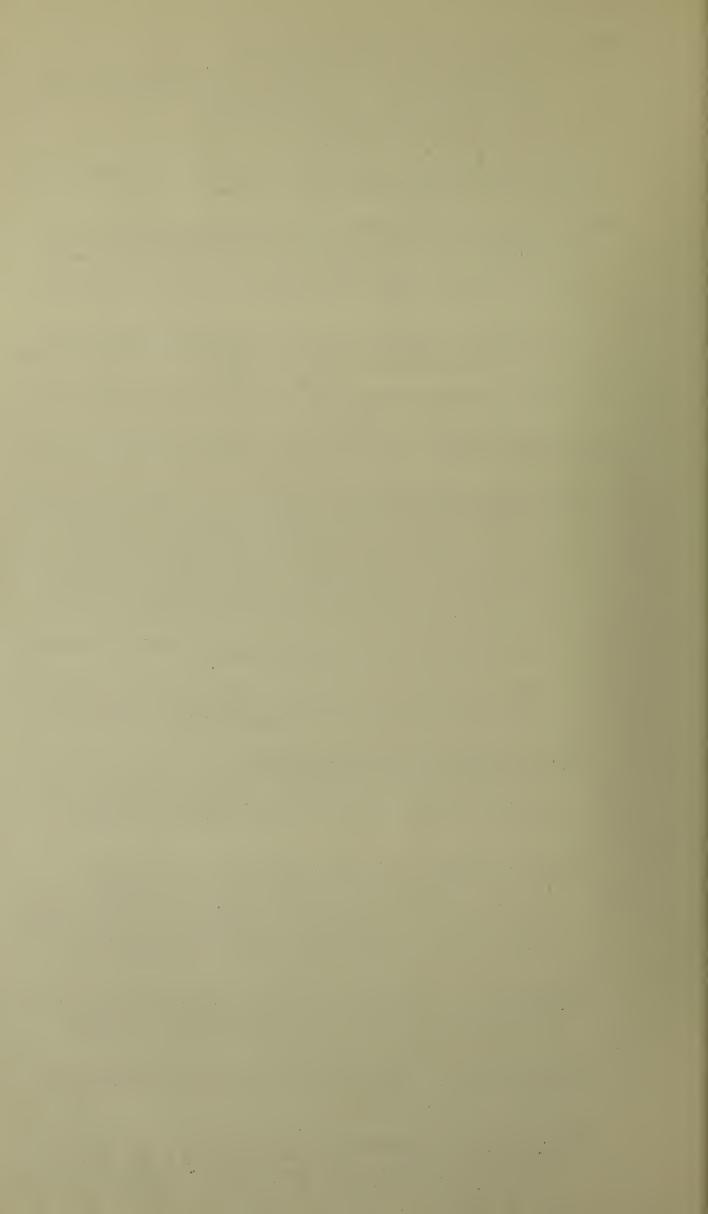
- (3) The County Council. The County Council provides through its various departments:
 - (a) The School Medical Service. All Schools in the area are visited at least once during the year At these visits a systematic examination of entrances 5, 8 and 10 year olds and leavers is carried out; arrangements are made for the treatment of defects found. All children previously found to have defects are also examined and any not otherwise due to be examined who appear to require it. Special examinations are made of handicapped children, where necessary in their homes, and of educationally sub-normal children.

Minor ailment clinics are held fortnightly in Cromer and Sheringham to serve those towns and surrounding districts.

Children not included in a school for any reason are also examined at home. Examination is also made of children when transport to school is believed necessary on medical grounds.

- (b) The Maternity and Child Welfare Service. Infant Welfare Centres are held fortnightly at Cromer and Sheringham.

 They are held monthly at Banningham, Corpusty, Edgefield, Gresham, Holt, Matlaske, Northrepps, Roughton, Southrepps, Trimingham and Weybourne. Voluntary centres are held at Aldborough, Gimingham and Mundesley.
- (c) Health visiting. All children under 5 are visited regularly in their homes by a Health Visitor. In most cases the duty of Health Visiting is carried out by the local District Nurse/Midwife but Cromer, the Runtons, Aylmerton and Sheringham now have the services of a full time Health Visitor. She also attends the Welfare Centres in her area and not infrequently assists at neighbouring ones. Children over 5 come under the supervision of the School Nurse.
- (d) Midwifery. This is performed by the District Nurse/Midwives and the general practioner-obstetricians. In this district the Longacre Maternity Home is available for confinements where domicilary confinement is considered undesirable.
- (e) Home Nursing. This is carried out by the District Nurse/Midwives under the Norfolk County Nursing Association, who act as agents for the County Council.
- (f) Vaccination and Immunisation. This is carried out by general practitioners acting for the County Council and by the Assistant County Medical Officer. In the case of children facilities are provided at Infant Welfare Centres and, in the case of immunisation, at the Schools as well.



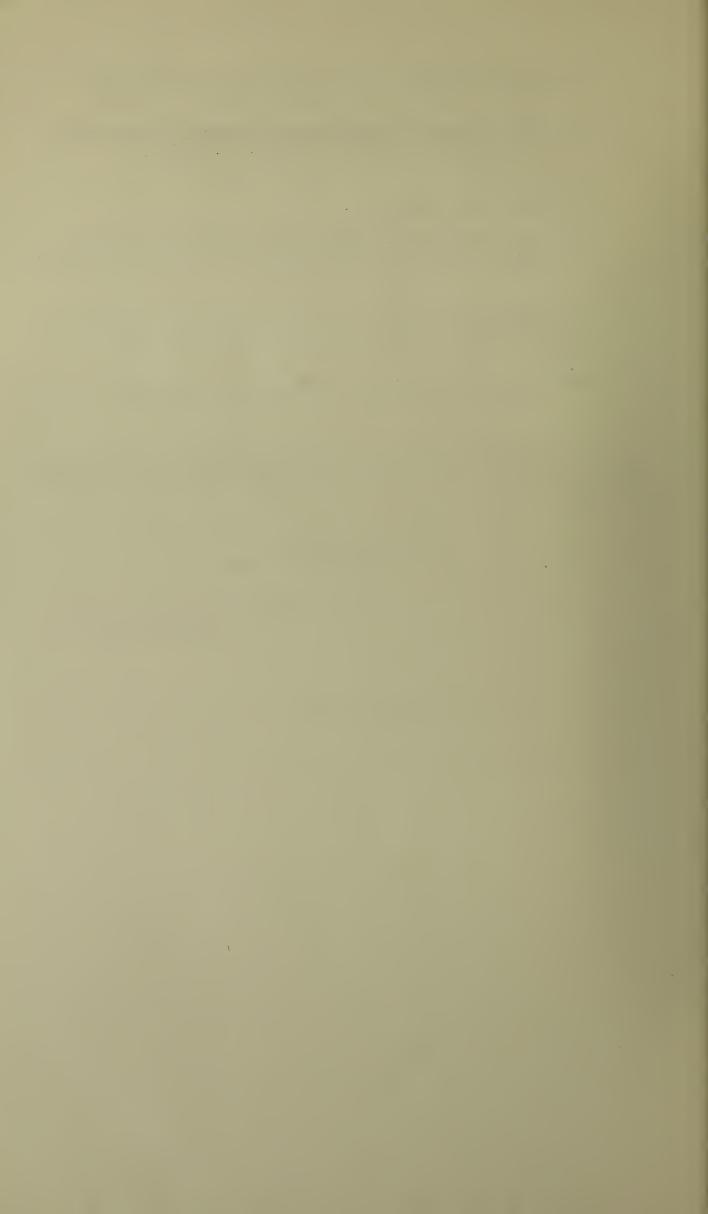
- (g) Ambulance Services. These are carried out by the St. John's ambulance Brigade, acting as agents for the County Council.
- (h) General measures for the prevention of Illness, Care and After-Care, including the provision of nursing equipment.
- (i) Home helps.
- (j) Mental Health Services.
- (k) General Welfare Services under the supervision of the Welfare
 Officer. He visits Holt, Sheringham and Cromer at stated times for interview by the public.
- (4) The Rural District Council. The District Council is, as ever, responsible for the control of infectious diseases and environmental health and hygiene, acting mainly through the Medical Officer of Health and the Sanitary Inspectors.

Note: Laboratory services are provided at the Public Health Laboratory, Bowthorpe Road, Norwich, by the Ministry of Health.

In conclusion I would like to express my thanks to the Health and Works Committee of the Council for their interest and support, to Mr. Evatt and Mr. Pratt for their invaluable help and to the office staff for their co-operation.

I have the honour to be, Your obedient Servant,

J.H.F. NORBURY. M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.



SANITARY INSPECTOR'S REPORT.

Complaints received 3	382
Numbers detected without complaint	40
Nuisances abated 3	373
Notices served	151
Summonses taken out	6.09
Convictions	-
Factories and Bakehouses inspections	29
Filthy houses cleaned	~
Houses disinfected	20
Overcrowding abated	15
Wells sunk or improved supplies of water	4
Wells closed	eco
Wells closed or repaired	5
Houses connected with the sewer	54
	422
Improvement to sanitary conveniences	23
Samples of water taken for analyses	22
Houses closed	5

Administration of the Factory & Workshops Act in connection with Factories. Workshops and Workplaces.

(1) Inspection of Factories. Workshops and Workplaces.

Inspections made by Sanitary Inspector:-

Promises.	Inspections.	Written notices.	Prosecutions.
Factories (including Factory Laundries)	26	wa	-
Workshops (including Workshop Laundries)	É	aca.	Cué
Norkplaces (other than Outworkers' premises)	n -	on.	=

(2) Defects found in Factories, Workshops and Workplaces.

Particulars. Number found. Number of defects remedied.

